**2016 - 2017**

**AQUA CLUB WINTER MEMBERSHIP**

**(Summer Member)**

**Names of Swimmers(s) Date of Birth**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**Address:**

**Phone number (cell):**

**Email:**

**Emergency Contact:**

**PAYMENT**

**Single $300**

**Family $475**

**Total Paid: Check #: Date:**